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ORAL HYGIENE

A Journal for Dentists

Beginning:

Some Things
We Learned
in the War



JULY, 1920

The Ransom & Randolph Company
TOLEDO, O., U. S. A.

CLEVELAND

COLUMBUS

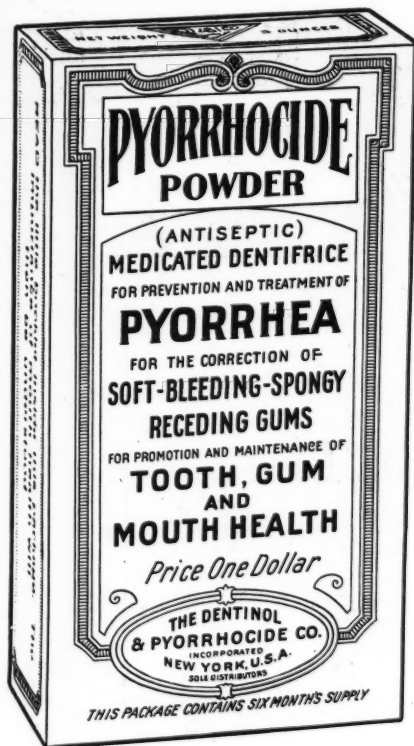
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REA PROCTOR MCGEE, M.D., D.D.S., *Editor*

ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME X

JULY, 1920

NUMBER 7

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By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

(Lieutenant-Colonel, D.R.C., U. S. Army)

Approved by the Surgeon-General through Chief of Dental Service.*

Read before the St. Louis Dental Society.

Illustrated with drawings by the author and several war photographs.

Part One

IT is not the number of teeth a soldier has in his mouth that counts. It is the condition of his teeth. Sixteen good sound teeth are better for a soldier than thirty-two with large restorations, root canal fillings and crowns. Where there are roots in the mouth, they should always be removed. Third molars that are impacted, or that cannot be saved by an ordinary filling, are a menace to the health of a soldier. As a rule the work of soldiers and of officers is spasmodic. There are periods of inactivity, followed by periods of greatest strain, and when the strain comes the man with a weak spot is the one who gives way.

In civil life, the average man will jog along from youth to

middle age with here and there a sub-acute apical inflammation, and more or less pyorrhea. His occasional attacks of coryza and rheumatism he lays to the weather, his attacks of neuritis to hard work, and his generally worn out feeling to business worries. If nothing worse happens to him, he can take a rest and then go back and do it all over again, never suspecting his teeth as a probable cause of his trouble. It is very seldom, in civil life, that a man meets a strain similar to that of war.

It takes an immense amount of time, energy and money to change a citizen into a soldier. All of the vast machinery of war must be provided, and, with the soldier,

*Approval by the Surgeon General simply means consent to publish.

must be transported over submarine infested seas, into strange lands where the climate, food, customs and language are foreign. Billions of dollars are spread like a summer shower over every industry that can possibly help in the manufacture of explosives, guns, ships, clothing and food, and the purchase of horses, tractors and hospital equipment.

The one big thing that the nation must depend upon, above all else and all of the time, is the healthy, vigorous, trained athlete who wears the uniform and handles the engines of war, who endures the fatigue and cold and rain and mud and hunger and disease, and faces every form of death that the enemy can devise—*the American Soldier*.

In the days that have passed,

you looked over your newspaper each morning and saw a plain black line printed across the map of northern France, showing the location of our divisions. That thin, black line was wider in proportion to the map it was drawn upon than was our zone of advance in proportion to the size of France.

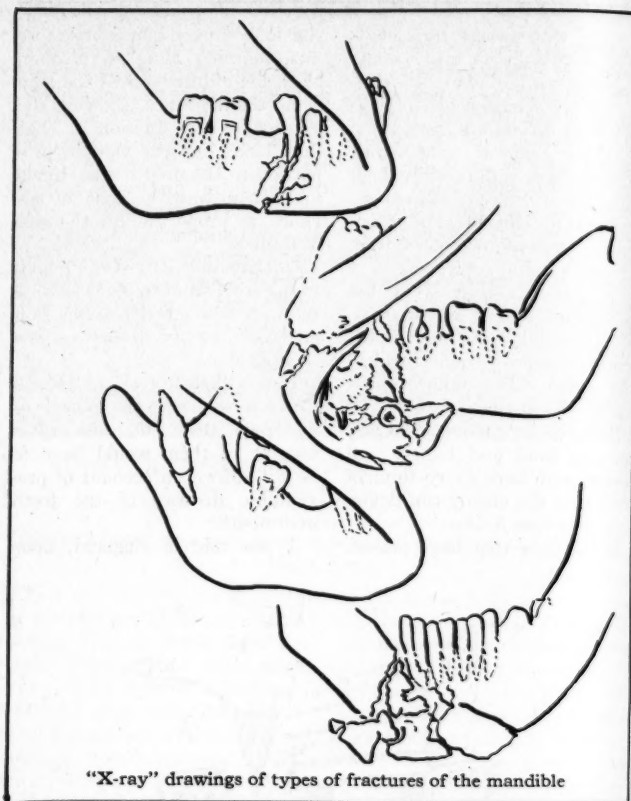
In that limited area stretching from Switzerland to Holland were the men who stood between you and the mighty forces of the enemy.

It was the duty of the Dental Corps to so attend the mouths of our men that no considerable number of them would have to be withdrawn on account of preventable diseases of the teeth and mouth.

I was told in England, upon



Dental officers with the fighting units frequently worked in dugouts opening from the trenches



good authority, that in the first year of the war nearly fifty per cent of the British forces in the field were sent back from the front at one time or another, for dental treatment. The other Allies had a similar experience. Most of these soldiers returned again to their trenches, but think of the tremendous expense in men and money at a time when every man was worth more than his weight in gold, out there in the mud in Flanders!

The primary purpose of dental service, with combat troops, is to avoid evacuation of military personnel for dental reasons, and, as conditions permit, to accomplish more elaborate though less urgent service. Officers and soldiers, after prolonged and expensive training by their government, being finally assigned as active constituents of combat troops, reached the height of their value and effectiveness in the military service upon their

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arrival at the front. Their retention is of vital importance.

The partial or complete separation of dental service, during actual fighting, only affected infantry, machine gun and field signal organizations, and occasionally the artillery. The ammunition and supply train, field hospital and dental laboratories were usually so located that dental service was not interrupted seriously. However, it was not the quantity of service accomplished at these times that was of most importance. It was the fact that it was always available when required, and therefore saved from evacuation effectives who were urgently needed.

A dental officer not only accomplished his special function but performed other important duties. These officers were a positive contribution toward the efficiency and effectiveness of the division, and this flexibility of their duties made them a valuable part of the medical corps with combat troops.

In addition to general dental work which was very effective in the camps, supply zone and field, the dental officers served as maxillo-facial surgeons, assistants in general surgery, anesthetists, evacuation officers, first aid surgeons in charge of advanced dressing stations, and in all ways did the work of medical officers of similar grade.

In the field, the problems of handling wounded men, particularly those with face wounds, is greatly retarded by lack of facilities. It is necessary in all cases to get records and arbitrarily to assign wounded men to

the various mobile field and evacuation hospitals. Every necessary detail delays the actual work upon the patient so that relief cannot always be given instantaneously. The objects of early treatment are: first, to save the patient's life; second, to prevent or at least minimize infection; and third, to save the tissues.

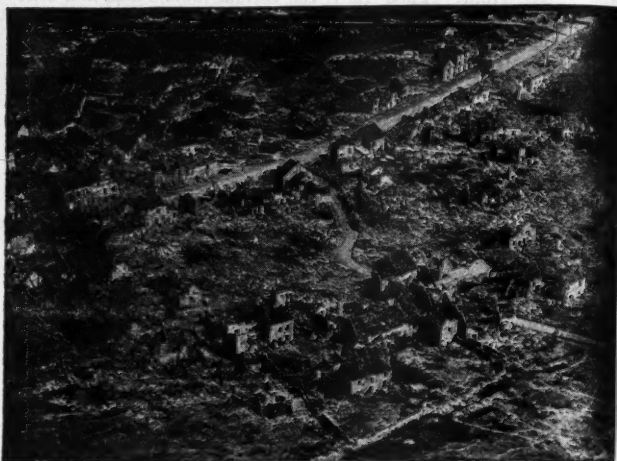
In war surgery, there is always a difference of opinion between



Characteristic chin-drop of comminuted fracture of angle of mandible. (Drawn from life)

the men at the base hospital and those who are actively engaged at the front, the base hospital opinion being that only the most superficial reparative work should be attempted in the zone of advance—the advance zone opinion being that with a certain amount of well chosen and executed work, bone and muscles and nerves can be conserved that would be lost if allowed to remain unoperated.

It was my good fortune to serve as maxillo-facial surgeon with Mobile Hospital No. 1, A.E.F. This hospital took only non-transportable battle casualties. We had no sick and no lightly wounded. Nearly all of the patients who came to my service were suffering from compound comminuted fractures of one or both jaws, in addition to extensive



The remains of the town of Vaux in the Chateau-Thierry sector—
where the doughboy formally introduced himself to Fritz

wounds of the face, and of course in many instances they had other serious wounds in various parts of the body. Almost all cases of jaw fractures in the battle area were brought in suffering from surgical shock. My experience with these was that many men with fractured jaws, suffering from shock, recovered from the shock in a very short time after the jaw was set.

The multiple fractures that we had in the battle area always resulted in a dropping of the trachea from a lack of support of the muscles of the floor of the mouth. This resulted in partial suffocation. These cases were brought to us in litters, in a sitting position.

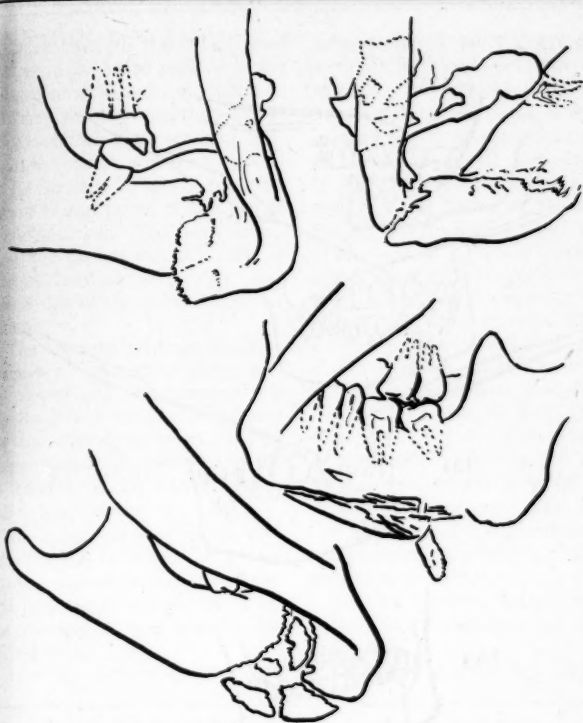
The exhaustion, loss of blood and difficult respiration made it extremely difficult for them to

remain upright but the moment they lay down their breathing stopped. Many were delirious but the live ones were usually sitting up.

During the fighting at Montfaucon, our ambulance service was greatly disorganized on account of obstruction of the roads by ammunition trains and wrecked supply wagons. At this time we had many ambulances, much delayed but finally arriving, with from three to four of their passengers dead. There were a number of jaw cases among these who undoubtedly would have lived had they been able to retain an upright position, but the exhaustion was much greater than their endurance.

In handling these fractures, it is best to do so without an anesthetic if possible. With a tempor-

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"X-ray" drawings of types of fractured mandibles

any wire splint of my own invention, I was able to set nearly all fractures with very little pain and no anesthetic. The requirements for a temporary splint are: ease of construction, gentleness in application, positive setting of the fracture, quick release in case of emesis, and ease of replacement.

The construction of the splint is explained by illustrations.

In handling fractured jaws it is necessary to differentiate between completely denuded bone

fragments and those fragments that retain their attachment to the soft tissues through the periosteum. In these cases the loss of periosteum simply means loss of circulation. If the periosteum alone were removed and the bone fragment retained a reasonable attachment to the original body of the bone to which it belonged there would be no particular harm done. So far as these bone fragments are concerned the periosteum merely represents the continuation of the collateral cir-

ulation through the soft tissues and is in no sense regarded as a bone-regenerating membrane.

Every piece of bone that retains its circulation is a center of ossification for the new area that is to be formed. The regenerative power of the bones of the jaw is truly amazing. We have found that the periosteum is simply a fibrous limiting membrane and the means of the collateral circulation.

The tendency of bone regeneration is to restore the shape and the strength that is necessary for the locality in which it is formed. As the destroyed bone fulfilled these conditions before injury it is therefore plain that the tendency is to resume the normal.

All bone has the shape and density that is called for by its particular position and its shape and dimensions are governed by the tension of the muscles attached to it.

After the jaw is set the soft

tissues should be approximated very carefully and held by tension sutures. All ragged edges and hopelessly bruised tissue must be cut away, and coaptation sutures of horsehair or silk gut should be placed. This results in a great saving of the tissues of the face. Slightly more than one per cent of face injuries in the field have an actual loss of soft tissue other than that in the direct course of the missile. In those cases in which a large restoration by skin graft is necessary the loss is due more to improper adhesion, sloughing, and the contraction of the cicatrix, than it is to the tissue being carried away by the missile. This means that skilled men in advanced positions can save both the patient and the government an immense amount of time, trouble and expense.

Another factor in the face work is that *gas infection does not occur in the face.*

All fractures of the jaw and all



Fractured jaw, showing detached fragment that had sufficient circulation to result in re-attachment

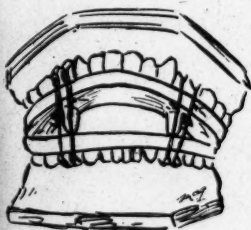


One of the reasons for compound comminuted fractures

face wounds must have thorough and continuous drainage, usually with a split rubber tube, held in by a stitch.

Fractures of the upper jaw presented every variety of comminution and we soon came to learn that the upper jaw has a wonderful vitality and will heal even after it is apparently disconnected from the face. The bone grafts that we talk so much about are made in the lower jaw, and not the upper. Many of these fractures were partial, so that the problem of holding the fragment in its proper place was not very difficult, but those in which there was complete fracture through both antrums, which resulted in movement of the upper jaw as freely as the movement of an ill fitting plate, were problems more

difficult to solve than the average fracture of the mandible. The United States government furnished gutter splints which were double so that by folding the splint it was a poor imitation of the double Gunning. This was made like an impression tray with the sulcus filled with modeling compound. The method of using this splint was to fold it over in the Gunning shape, then drop it in some hot water and place it in the mouth, pressing the teeth into the softened compound, and making an effort to get all the fragments in their normal position. Just before the compound chilled the splint was removed and again placed in hot water and then returned to the mouth. Upon this second application the teeth were forced in tightly and jaws



Model showing emergency splint wired in place. This splint was very unsatisfactory

held together, allowing the splint to set and adhere to the teeth.

If this adhesion ever did occur, it must have been a great satisfaction.

I used these splints in several cases of complete fracture of the upper jaw. As an adjunct a Barton bandage was supposed to keep the chin in proper position but the Barton bandage would not stay well enough to give the support that was needed to hold an upper jaw in position.

My plan was to anchor cables of orthodontia wire to several of the lower teeth and carry the cables up on each side of the nose to the top of the head where they were attached to a wooden tongue depressor. The tongue depressor was held securely to the top of the head by being attached to a heavy cap bandage.

The New Zealand troops were furnished an emergency splint that was very practical; it consisted of a gutter similar to a lower impression tray, with supporting wires, extending outward on either side, that could be bent into a Kingsley type splint. These were applicable either to the upper or the lower jaw.

In those cases of fracture of the upper jaw where there was a traumatic cleft of the hard or of the soft palate, it was very good practice to repair the cleft at once.

In those cases of fracture of the mandible, where there was a very large loss of tissue, it is obvious that a soft wire splint would not hold the jaw fragments apart against the traction of the cicatrix. In order to prevent the swinging inward of these fragments modeling compound was shaped into the approximate size of the missing bone and pushed down into the wound and allowed to set. This was then removed and, the upper margin softened, orthodontia wires were entangled in it. The compound was replaced and the wires attached to the remaining teeth. This left the men in good condition



Fracture of upper jaw. Splint retained by cables from teeth in lower jaw, anchored to head bandage



Gas masks were the fashion here. Projectors for hurling the gas containers



Machine gun nest. These carefully concealed "pill boxes" were responsible for a great proportion of American casualties

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to be evacuated to the base and prevented adhesion between the floor of the mouth and the tissues of the lip and chin; it also was a great protection to the tongue.

In many cases where a preventable adhesion occurred between the tongue and tissues exposed through loss of bone the tongue will never again regain its normal mobility. It is very surprising to observe the amount of injury that a tongue can stand and still do business.

Two cases in my service had the tongue at least half severed and healing occurred apparently by first intention after the wound was trimmed, cleansed and sutured.

Another case was more than two-thirds severed and looked very much as though union was hopeless but in less than three days the patient was able to swear with it sufficiently well to be thoroughly understood.

The value of the X-ray in diagnosing fracture and finding foreign bodies is inestimable. There are many cases of fracture shown by the X-ray in which the continuity of the bone is not severed. These cases were not splinted and healed readily.

One type of wound of particular interest to the surgical dentist was that of through-and-through rifle ball injury in which both rami were fractured and the soft palate traversed.

These wounds were due to snipers. A sniper operates in a sheltered position at an angle from the line of advance. He uses a telescope-sight and frequently is able to get a shot with his victim standing in profile.



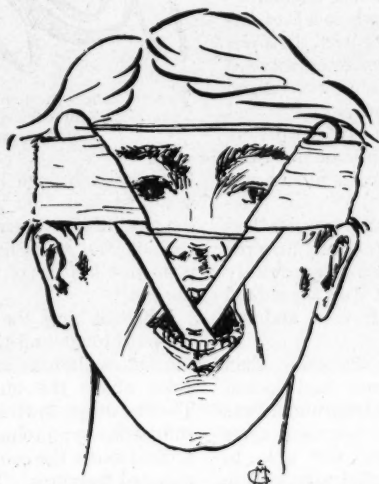
Type of emergency splint used by
the New Zealand Dental Corps
—very good

As he looks through his telescope he adjusts it so that the circle fits the head of his target and in this position the cross hairs mark a point just in front of the pinna of the ear.

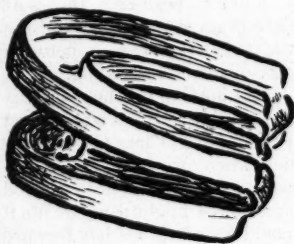
When he fires the jaw is traversed through-and-through, and the soft palate is injured at a point above the buccal cavity. The jaw drops down and produces suffocative symptoms already described under the compound comminuted fractures. This suffocation is easily overcome by placing the jaw in its normal position, but in these sniper wounds the soft palate swells almost immediately so that when the jaw is placed in its normal position, the soft palate plugs the pharynx and the patient has his choice between suffocating and strangling.

While holding up the epiglottis for a big robust patient whom I had on the table at Clare Chene, at a time when we didn't have a tracheotomy tube left, it occurred to me that I might save his life if I could only hold his jaw forward and open at the same time.

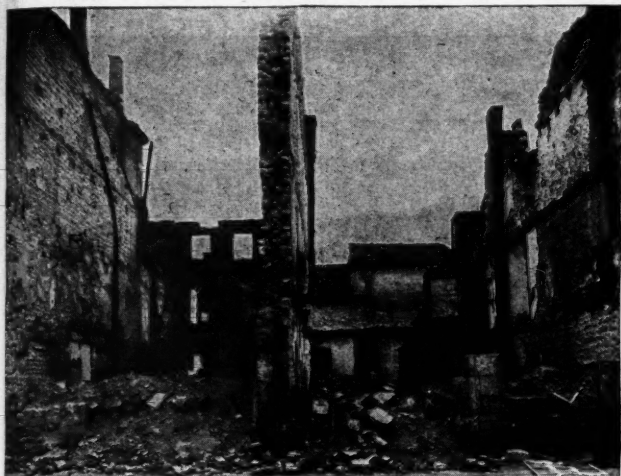
I devised a V splint, made of two tongue depressors, with the angle of the V wired behind the lower front teeth. The mouth was then opened an inch and a



Emergency splint placed



Splint furnished by the U. S. A. for emergency work, shown folded for use. The gutter is filled with modeling compound.



German aerial bombs were known to the doughboy as "eggs."
Someone spilled a couple here

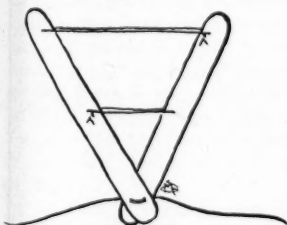
quarter and, using the upper front teeth as a fulcrum, the upper end of the V on each side was bandaged around the back of the head.

The patient was able to lie in any position and breathe freely. He was fed with a rubber tube

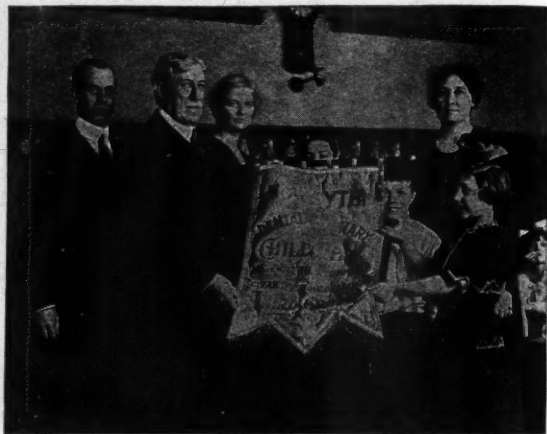
passed back of the splint. At the end of four days the swelling had gone out of the soft palate and I was able to close his jaws with the temporary wire splint that I used as standard. I had five of these cases every one of whom recovered.

In the repair work at the base, a sort of the survival of the fittest process sorted out the patients so that only those with strong vitality and a great deal of resistance are to be considered. The others are represented by gold stars. There is a very low death rate in the final reconstruction work. Many men have undergone from ten to fifteen operations.

(Continued in the August issue)



Emergency V splint made from
wooden tongue depressors and
orthodontia wire



Mr Forsyth and the Banner

Here is a picture of Mr. Thomas A. Forsyth and the Forsyth Banner. Last month we printed an article regarding the presentation of the banner—one of the regular annual events among the many activities of the Forsyth Dental Infirmary.

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, IND.,
Contributing Editor

Teeth and Current Literature

UNTIL recently I almost never encountered any mention of the teeth in the things I read outside of technical dental literature.

Oh, of course, when a novelist enumerated the beautiful features of his heroine he had a word to say of her "pearly teeth" or "the flash of glistening white back of her warm, red lips" or her "little white teeth" or her "small, white teeth, so sharp and even." But that was all. The teeth really occupied no literary space. They were not taboo, like the umbilicus, but they had not "arrived," so to speak.

And by the way, why did novelists, and why do they still, speak so often of "sharp little teeth"? Just what are "sharp" human teeth anyhow? How do you tell a sharp tooth from a dull one? And how do you sharpen 'em? And why does a tooth have to be little when it is in a heroine's mouth? Are little teeth prettier than medium-sized ones? If this is true then a "peg lateral" is the prettiest tooth in the mouth—it's sharp, too. Ah, it comes to me as I write. The heroines of whom the novelists write have "peg laterals."

But I wander from the subject—and I write like very hot weather. What I started out to do was to quote from a novel which is appearing serially in a popular fiction magazine.

I quote: " * * my poor husband had to stay at home instead, in a very cold, disagreeable city, to be X-rayed, tooth-pulled, ear-stabbed, and everything but Bertilloned, while I, for certain business reasons, went on ahead to meet the Spring."

To find such a thing as just quoted in one magazine story is of no significance in itself, but I find similar things in all sorts of current literature, in fiction, editorials, special articles, newspaper news-stories and feature-stories.

The author quoted above, Eleanor Hallowell Abbott, mentions teeth again in the same installment of the same story, and mentions them in capital letters! And closes her story for the month thus dentally!!!

"HOW DID YOU BREAK YOUR TOOTH?" beamed Rollins.

"(To be continued.)"

Rollins has been invited to the house party because he says such unusual, such astonishing, such unexpected things. His question about the broken tooth is directed to a young lady at the breakfast table—and the story closes for the month. And we are left in the usual suspense.

Does the young lady tell Rollins that it is none of his damn business? Does she turn scarlet and leave the table? Does she admit that the taxi hit a bump

just as she was kissing the hostess' husband? Did she try somebody's patience too far? Does she smile archly, and lopsidedly, and say, "Who wants to know?" See the next, the June issue of *McClure's Magazine*.

Truly there is mystery, and there may be scandal and tragedy in a broken tooth.

In the April *American Magazine* Roger W. Babson, the statistician, writes under the title "Good and Bad Manners in Business, Together with Some Interesting Facts about the Relation Between Your Personal Appearance and Your Job." Roger follows the rules of writing and tries to grab his readers' attention at the very outset, and he tells a tooth story to accomplish this much-desired objective.

A young man, disappointed in himself because he has not been developing like a George Cohan, or a Charles Schwab, or a Steinmetz or an Edison or a Babson, asks Babson what is the matter with him. Babson "examines him" and makes a diagnosis: *Stunted success due to a gold tooth*.

No, Mr. Babson does not tell us whether the tooth is abscessed or not. Strange as it may seem to some, he evidently does not consider the *stunted success* to be of dental infectious origin. He considers the tooth as a psychologic factor. He says:

"Now, a gold tooth is all right if it is in a retired position among your molars. But this gold tooth shone like a headlight, squarely in front of the young man's dental outfit. When he talked, you had to make an effort to keep your mind on what he was saying,

instead of on that tooth. * * * The men to whom he applied for a position couldn't see or think of anything but his gold tooth. They knew that customers, to whom he might try to sell goods, would feel the same way. It would definitely interfere with his work. And for that sole reason, they turned him down."

It is not so much the lay articles devoted to dental subjects that make me know the great change in the attitude of people toward the teeth and mouth, the interest of today as compared to the no-interest of yesterday. It is the repeated casual mention of the teeth in articles on various subjects. Nathan-Mencken, in *Smart Set*, having a word to say about clubs, prohibition and bachelors, writes: "But a club without a bar is as hideously unattractive as a beautiful girl without teeth."

H. G. Wells, in the *Metropolitan Magazine*, writing about spiritualism, says of the spiritualistic conception of heaven: "And such a heaven! If you have lost your teeth here on earth they are restored to you in that heaven in perfect order. Baldness need not worry the forward-looking spirit. There shall be given each man, as soon as he passes to the heaven of the spiritualists, a shock of hair such as will put to shame any hair restorer, etc., etc."

In the newspapers, I see occasionally now-a-days, a cartoon drawn in illustration of some dental idea. I see items of marvelous cures following tooth extraction. I see a picture of "Dr. Conductor Halstead and his moving dental office"—a dentist of

Mallory, West Virginia, who is also a passenger train conductor. I see a short news feature story of a dentist "who makes a vegetable grow 3 inches a day" with an X-ray machine. Verily, verily, dentists and dentistry are becoming news. Not so long ago the only time a dentist got his name in the paper was when some inconsiderate patient died in his office, or when he committed grand larceny or homicide and allowed himself to be caught.

Writing for the Bell Syndicate, and the Lardner family, Ring Lardner says: "I generally always turn to the family page and try to find out what use the housewife can make of 2nd-hand court plaster and extracted teeth and etc., and how to train fleas to help with the housework and etc."

And in the "funny columns" I also encounter such things as "Mr. and Mrs. Tilford Moots has three children, one goin' t' school, two goin' to th' dentist." And "Dear Editor: I am a young, married woman and my teeth are false. What can I do to make them true to me?" And again, "Th' bad feelin' between Mrs. Plumley an' Mrs. Abbie wasn't

helped none yesterday at th' Ladies' Thursday Afternoon Club. Mrs. Abbie tried t' tell about her appendicitis operation, but Mrs. Plumley held th' floor an' th' attention o' all th' ladies with her spell-bindin' account o' havin' her teeth X-rayed." And it was Abe Martin, I think, who said that "Mrs. Somebody-Or-Other was weanin' her baby so it wouldn't have a mouth like a sunfish when it grew up."

It's indisputable, the current literature is no longer edentulous.

And if the literary popularity of the teeth continues, I expect soon to encounter the following in our fiction:

Her soul was as white as her central incisors.

He was crooked, crooked clean through; even his teeth were crooked.

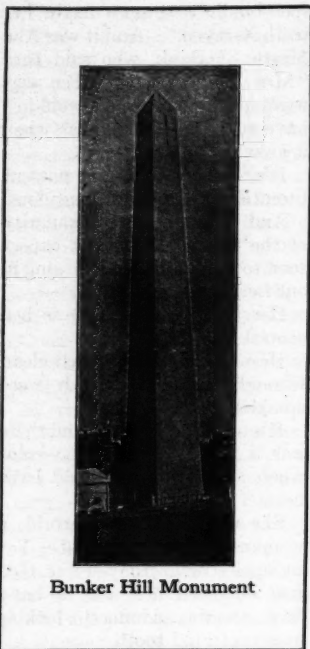
His teeth were yellow, and there was a streak of the same color where his backbone should have been.

She was of the underworld, a woman without a conscience. Yet by some strange irony of fate, God had endowed her with a baby face; she was as innocent-looking as an infected tooth.

Did the Patient Recover?

J. W. W., boy, aged 4 years and 5 months, residing near Bates, Ill., accompanied his grandfather, about 2 p. m., Nov. 18, 1919, to the barn lot where there were several horses. When the grandfather opened a gate, one of the horses ran out, and in passing kicked the child forcibly over the left eye. He was immediately taken to the house, where the head was washed off.—*Journal of the A.M.A.*

Histori



Bunker Hill Monument

By REA PROCTOR McGEE,
M.D., D.D.S.

THE seat of Puritan history should be of the greatest interest to those who attend the N.D.A. The wonderful sight-seeing trips in Boston and to the quaint historic shrines in that vicinity should be taken by all good Americans who have the opportunity. Guides and booklets will be provided at the information booth.

Boston was started three hundred and ten years ago by English colonists led by the famous John Winthrop.

The name of the city was selected in memory of the town of Boston, England, which in turn was named in honor of a very noble and very fat cavalryman who had to be pushed upon his horse: Boost on—later the extra "o" was dropped and the euphonious name of the Hub of Learning was the result.

In Boston there is a most wonderful collection of famous churches, museums, books, papers, birth-places and good behavior.

During the siege of Boston, in 1775, the British troops were camped on Boston Common and sadly interfered with bean culture during that eventful period.

The Common was originally intended for cows and the training of cowboys, but these were eventually moved to the Far West, where there is more room.

On March 5, 1770, at Lexington, occurred the Boston Massacre which, at this distance, seems to have been an argument between citizens and British troops.

One modern soldier with a machine gun would have licked both sides in about five minutes.

There is a piece of rock called "Boston Stone" which was imported from England in 1770. This was the premier idea in needless shipping. The site of the Boston

Boston

Tea Party is marked by a tablet. This is the original tea tablet.

On Breed's Hill stands a granite obelisk, 221 feet high. This obelisk marks the field of the Battle of Bunker Hill. The reason for this was that Breed's Hill was a better fighting place and Bunker Hill a better naming place.

Nobody seems to have thought of the idea of changing names for these hills; why not name Breed's Hill Bunker and Bunk's Hill Breed or Breed's Bunk? Well, anyway, that's where the obelisk is and the obelisk is where they did it.

Then there is the Old North Church where Paul Revere, who was a dentist, had his laboratory man, or possibly his oral hygienist hang two lanterns from the steeple as a signal that there was business to be done. In memory of this "Midnight Ride of Paul Revere" every automobile ever after must show two headlights after dark.

Faneuil Hall, the Cradle of Liberty, was built in 1742 and burned in 1761. As Liberty had not yet risen to greet the glowing morn, it was necessary to rebuild the hall in 1763, in anticipation of the great events that were to take place there. This was the focus of the Revolutionary movement in Boston.

Franklin's birthplace is shown in Boston. He was really a native of Philadelphia, but happened to be in Boston at the time.

The Green Dragon Tavern is no longer a tavern, and the Green Dragon has been abolished.

When you see JOHN HANCOCK'S house, you will realize that it was necessary for him to go outside to write his name—tablet.

The Liberty tree has a—tablet.

The Longfellow House has a—tablet.

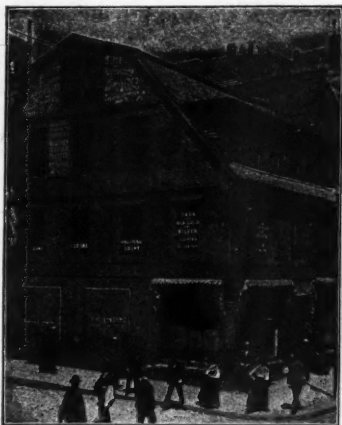
The Lowell House has a—tablet.



Old South Church

Then there is the Old Fairbanks House, believed to be the oldest frame house standing in America. This house was built in 1636 when labor and land were cheap. The timbers, bricks and tiles came from England in 1633. Here is an example of foresight in

those days, could shoot their very best, guaranteed arrows through the side of a frame house and puncture the Pilgrim Fathers at will, but when they tried their little pleasantries on the Paul Revere mansion, there was nothing doing. You can't shoot a



Old Corner Book Store

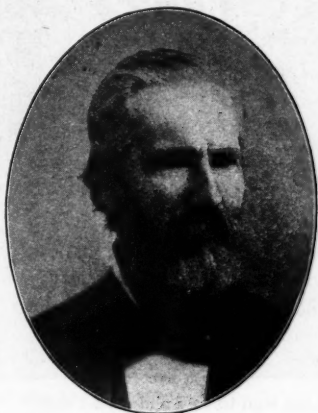
importing building material at before-the-war shipping rates.

If you have a quarter that is not working, you can get into the Old South Meeting House. Paul Revere's House is really worth a trip. This house was built by a clever man; it looks like a frame house, but inside the weatherboarding there is a layer of bricks. The Pequots or Hurons or whatever kind of Indians were doing the best movie picture stunts in

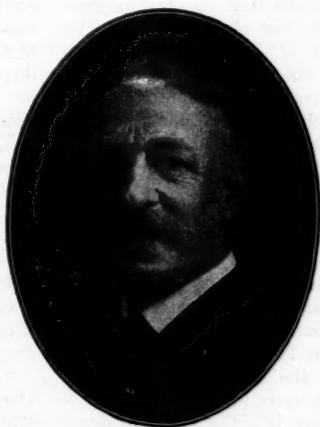
flint arrow-head through a Boston brick.

Paul had an enormous family who were all taught to Revere their ancestor. The Shaw Monument is beautiful and is the best example of monumental sculpture in America, one of the best in the world.

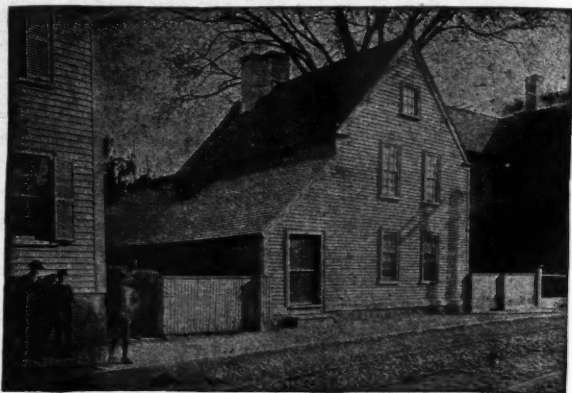
According to the information sent out by the committee, Beacon Hill was erected in 1653. There must be some mistake about



Dr. I. A. Salmon



**Dr. Waldo E. Boardman,
Chairman Local Committee**



Narbonne House, showing lean-to roof and corner shop

this because Beacon Hill looks much older and shows the same architectural characteristics as those hills that were erected during the last glacial period. The House of Representatives contains the celebrated "Cod Fish Emblem." This is another indication of the broad vision and far-sightedness of our ancestors. They knew what best represents Representatives, cod fish.

They have in Boston public and semi-public buildings just like anybody else: Custom House, Library, Chamber of Commerce and all of that endless galaxy so peculiarly common the world over.

The Fogg Art Museum indicates the hazy ideas that most people have in regard to art.

There is a Germanic Museum in which the good things that Germany has produced, are kept: all of them. This is a small museum that can be seen in a few minutes.

Everywhere are commemorative tablets.

The trips to Lexington and Concord are very interesting. The most surprising thing is the size of the battlefields—what tremendous questions have been settled on these miniature battle-grounds!

There are cemeteries where the famous men of Literature and of History lie buried.

Captain Richard Moore is buried in Salem and his gravestone is believed to be the only original stone of a Mayflower passenger existing today. All of the rest are commemorated by antique furniture.

Speaking of antique furniture, the first strike in America was when the Indian stevedores struck at Plymouth Rock because they claimed they had carried more furniture off the Mayflower than there would ever be descendants to inherit it.

Then there is the old Custom House where Hawthorne wrote the *Scarlet Letter* describing some of the old peculiar customs.

Salem has the finest collection of antiques that can be found in all America.

Here it was that the witches flourished. When they were young and pretty, they were the original Plymouth Rock chickens; then they developed into vampires and when they lost their teeth and were old and ugly they were burned at the stake as witches. Now the antiques are all preserved.

Scituate has a beautiful harbor full of water and is the scene of Wordsworth's "Old Oaken Bucket." This bucket has now become the national emblem and, according to the poem, contained the original draught of the 18th Amendment.

At Marshfield is the country home of Daniel Webster and at Duxbury is the cottage that was the home of Miles Standish, the earliest exponent of the policy of "Watchful Waiting." You know what happened to Miles; all is fair in love and war.

Interesting as the ancient Bostonians were, the modern natives are still more interesting because they are alive and up-to-date. The contented atmosphere of the old town is a sedative and the enthusiasm of its people is a tonic.

Boston is sort of a cross between London and San Francisco; so you see Boston is more like Boston than anything else.

There will be room for every member of the National Dental Association.

Come!



Witch House, corner North and Essex streets

Hotel Reservations

for the

24th Annual Meeting

of the

National Dental Association

Week of August 23 - - Boston, Mass.

Should be made at once

There will be no Headquarters Hotel. Headquarters will be in Mechanics' Building, the place of meeting.

Do not write to hotels direct as arrangements have been made to make all reservations through the Committee.

Reservations will be made in the order in which applications are received.

On the following pages will be found a list of hotels, types and prices of rooms, and application blank.

Read carefully the instructions below, and to avoid unnecessary confusion mail application at once.

The Committee will endeavor to make reservation as requested and will send a card, signed by the hotel, confirming completed reservation.

Owing to the scarcity of rooms members are urgently requested to club together and share the many desirable suites listed. By so doing you will greatly assist the Committee.

With the co-operation of everyone suitable accommodations will be secured for all members attending the Convention.

INSTRUCTIONS

Select type of accommodations desired. (See Types of Hotel Reservations on next page.)

Fill in Application for Hotel Reservation. Be sure to mention type, note (if any) price, three choices of hotels, time of arrival, and if you will share suite or room with others.

Sign application, giving name and address in full. Mail *at once* to address given.

Types of Hotel Reservations

IMPORTANT. The word "inside" indicates accommodations are located on courts. Variations from the usual types of suites or rooms are explained in the notes at bottom of this page. To secure the best accommodations members are advised to club together and use the many desirable suites listed. (See next page).

Type A

Suite of Parlor and 2 Bedrooms, for 4 persons, private bath for the suite, 2 single beds in 1 room, double bed in other room.

Type C

Suite of Parlor and Bedroom for 2 persons, private bath, 2 single beds.

Type E

Double (outside) Bedroom, for 2 persons, private bath, 1 double bed.

Type G

Single (outside) Bedroom, for 1 person, private bath, single bed.

Type J

Single Bedroom, for 1 person, without attached bath, single bed.

Type B

Suite of 2 Bedrooms, for 4 persons, bathroom between bedrooms, 1 room with 2 single beds, other room with 1 double bed.

Type D

Double (outside) Bedroom, for 2 persons, private bath, 2 single beds.

Type F

Double (inside) Bedroom, for 2 persons, private bath, 1 double bed.

Type H

Single (inside) Bedroom, for 1 person, private bath, single bed.

Type K

Double Bedroom, for 2 persons without attached bath, double bed.

Explanatory Notes

1. Bathroom not between bedrooms, suitable for men only.
2. Has all single beds, no double beds.
3. With bed in parlor, accommodates 3 persons at \$7-\$8-\$9-\$10.
4. Same type for 3 persons at \$8-\$9.
5. Same type for 4 persons, \$6.
6. Same type with two baths, \$18.50.
7. Has all double beds, no single beds.
8. With bed in parlor, accommodates 5 persons at \$18, 6 persons at \$20.
9. With bed in parlor, accommodates 3 persons at \$10, 4 persons at \$12.

In All Cases
the Figures Indicate the Price per Day
for Each Suite or Room

	A	B	C	D	E	F	G	H	J	K
Arlington		6.00 6.50 Note 7	6.00 Note 7	4.00 5.00	3.50 4.00		3.00 3.50			
Bellevue		11.00 13.00		7.00 8.00 10.00	5.00 6.00 7.00			4.00 5.00	2.50 3.00	5.00 6.00
Brewster		10.00 Note 7		4.50	4.00		2.50		2.00	3.00
Colonial		6.00 Note 7	4.00 Note 7		3.00 3.50				1.50	2.00
Commonwealth		8.00 Note 7			4.50 5.00 6.00		3.00 4.00		2.50 3.50	3.50 5.50
Essex					7.00	7.00	4.00	4.00	3.00	5.00
Langham	7.00	7.00 Note 7	4.50 Note 7		3.50				1.50	2.50
New American House			10.00	5.00	5.00					3.00 4.00 Note 5
Parker House	17.00 Note 6		12.00 Note 7	7.00	5.50 3.50 7.00	3.50 4.50 5.00			2.50 3.00 3.50	3.50 4.00 4.50
Putnam's									1.00 1.50 2.00 3.00	2.00 3.00
Quincy					7.00	6.00			3.00	4.00
Young's				7.00	6.50		4.50			4.00

APPLICATION FOR HOTEL RESERVATION

Fill In Application

Tear Out and Mail At Once To

Committee on Hotel Reservations

National Dental Association

419 Boylston St. - Boston, Mass.

APPLICATION FOR HOTEL RESERVATION

NATIONAL DENTAL ASSOCIATION, BOSTON, AUGUST 23-27, 1920

Please reserve for me Hotel Accommodations, European Plan, as follows:

A Suite of Type.....as modified by note.....at \$.....per day.

A Room of Type.....as modified by note.....at \$.....per day.

My choice of Hotel is 1st.....2nd.....3rd.....

I would (not) be willing to share room or suite with other members.

My party will consist of the following persons:

.....
.....
.....

Should I be unable to occupy the reservation, and fail to notify the Committee or the Hotel at least ten (10) hours before the time for which reservation is made, I agree to pay for one day's entertainment, in the event the charge is made by the Hotel.

Will arrive at Hotel

Name.....

..... Aug.
day time date

Street.....

City.....State.....

If You Desire to have the "Your Teeth" Series Run in Your Home Town Paper—

ORAL HYGIENE will run a series of fifty-two Lay Education stories, of about three hundred words, each year. That will make four or five stories each month.

These stories will be printed in proper form for immediate use in newspapers.

In every district where a dental society designates a certain newspaper—that paper will be given the privilege of printing these stories—one each week, free of charge.

This means that these stories may be had over the entire English-speaking world.

At the end of each year the collected stories will be published as a booklet which will be available for classroom work. In addition to printing these stories they will be very useful as a basis for popular lectures upon the health of the mouth.

Only *accepted* dental knowledge will be used. The language will be that of everyday use and the stories will be interesting. If you desire to have this series run in your "home town" paper notify ORAL HYGIENE and permission will be given exclusively to the paper that will agree to run the stories regularly.

Those newspapers that are upon this list will be furnished with special, early copies of ORAL HYGIENE directly from the office of publication. The editor can simply clip the stories and publish one each week. There are three conditions attached to this permission:

1st: The stories must not be published in any town where the recognized dental society does not approve of this series.

2nd: Each story must be printed entire and without alteration.

3rd: These stories must not be used either in whole or in part as advertisements.—*Editorial, May Issue.*

Department of Lay Education

"Your Teeth"

By REA PROCTOR McGEE, M.D., D.D.S., PITTSBURGH, PA.

*Here are four of the stories, prepared for daily and weekly newspapers.
Others of these will be printed in future issues.*

Fillings

A FILLING is a repair in a tooth. There are many kinds of filling materials; each one has some especial quality that causes it to be selected for a certain cavity.

A cavity is a hole in a tooth usually caused by caries, which is decay of the teeth. To prepare a cavity for filling, the dentist must remove all decay and all of the tooth structure that had been invaded by decay. If a tooth could successfully be filled by simply removing the actual decayed portion, and then placing the filling, the job would be a very easy one both for the patient and the dentist.

The hard part of a tooth you know is composed of enamel and dentine.

The dentine is similar to bone and has a great many little tubes, called tubuli, running from the pulp canal in the center of the tooth to the outer surface of the dentine just inside of the enamel. The bacteria of decay work along these tubuli and go far ahead of the actually destroyed portion of the tooth. To receive a filling that will stay, this infected dentine must be cut away. Then the cavity must be given shape that will give the filling as much support as possible, that will allow

the filling to protect the margins of the enamel, and that will retain the filling in the tooth.

Even a small cavity will have a much larger area of infected dentine than you would imagine. If you allow your teeth to decay until you can find the cavities yourself, the chances are that the pulp, or nerve, as it is incorrectly called, will become inflamed.

Then there is real trouble.

The best filling is a small one, because if there has been very little destruction of the tooth there has been very little loss of contour and of strength and most important of all, where the cavity is small the pulp is safe.

Do not neglect your teeth until large fillings are necessary.

Diseases of Childhood

THE highest death-rate is between the ages of two and six years. At two years the eruption of the temporary teeth is just being completed and at six years the eruption of the permanent teeth is just beginning. This period, from two until six, is the time that the temporary teeth are in their prime. If the twenty little teeth are free from decay and the child is able to chew its food so that the proper nourish-

ment will be extracted, the little body will have strength to resist or overcome nearly all of the infections that may come to childhood.

The temporary teeth are of greater importance to the child than are the permanent teeth to the adult, because a child must not only be nourished to keep up the ordinary life processes but it must have nourishment for rapid growth in addition.

The temporary teeth decay much more rapidly than the permanent teeth because their structure is not so dense and, in addition, the pulp is more quickly exposed because it is larger in proportion to the size of the tooth. Nearly all dentists are agreed that the treatment of a temporary tooth with an exposed pulp is hopeless. The best that can be done in such a case is to give temporary relief. If the temporary teeth are lost, they cannot be satisfactorily replaced.

The permanent teeth lie in the baby jaw just beyond the roots of the temporary teeth and are only partially formed even at the time of their eruption. If the baby teeth are allowed to abscess, the growing permanent teeth are bathed in pus and will probably be seriously damaged or totally ruined. Children are highly susceptible to pus. Abscesses of temporary teeth produce general infections that result in lowered vitality, rheumatism, heart inflammations and many other diseases that are very serious and sometimes fatal.

Don't neglect your children's temporary teeth; both the present and future welfare of your child

depends upon the health of the mouth.

Chewing

WHEN a Frenchman has a deformity of the jaw that throws his chin over to one side, the French doctor says he has the face of the "village chanter." Have you noticed the tendency of amateur singers to spoil an otherwise good performance by singing out of one corner of the mouth or by twisting the face in a displeasing manner.

This face distortion is not necessarily confined to singers; we all do it to some extent.

The reason is nearly always to be found in the mouth. Yesterday I broke a tooth and ever since I have drawn my lip down to try to hide the spot. Our natural inclination is to try to hide any infirmity, particularly when it is new. If the cause of this effort is not removed, the cover-up act will become a habit that will remain long after the original reason for its use will have been forgotten.

If a tooth becomes tender or the surrounding gum becomes inflamed, the bolus of food that is to be chewed will unconsciously be shifted to a spot that is more nearly normal.

This results in the rapid progress of tartar formation upon the teeth in the whole unused area. Soft foods and mucus will join the tartar so that presently a vile tasting and smelling mess, seething with bacteria, is permanently located in the waiting room of the main station of the route between your dinner-table

and your stomach. In addition to being contaminated when this condition is present, the food is only partly chewed. When a habit in chewing is formed that is not normal, the contour of the face is always altered and the facial expression is changed. This is because some of the muscles of the face, which are also muscles of mastication, are not doing their proper share of the work, so they atrophy, which means, grow smaller.

Some of the face muscles have more than their usual amount of work to do, so they grow larger.

With one side of your face growing smaller and one side growing larger it doesn't take much of an architect to figure out the fact that you will have a crooked face if you don't chew right.

You cannot chew right unless your mouth is healthy.

Local Anesthetics

THE local anesthetic is a medicine that temporarily takes away the sensation or feeling from one part of the body, leaving the rest of the body with its normal sensation. We use the word "local" to differentiate this type of an anesthetic from the "general" anesthetic, which takes away the sensation from the entire body by putting the patient to sleep.

The first local anesthetic was cocaine. It was used with varying success, but with a great deal of danger, for a number of years. The desirability of a local anes-

thetic and the danger of cocaine poisoning finally resulted in a series of experiments to find out the exact chemical content of cocaine.

This, fortunately, was discovered and today we have a substance called novocaine—or, to use the proper government word, procaine. This procaine is what we call a synthetic product.

A synthetic is a chemical imitation of a natural drug.

Procaine contains all of the elements of cocaine, except the poison, and in addition it is much more uniform in its strength.

The results from its use have been truly remarkable.

By using procaine the dentist is able to take away the sensation from any part of the face or jaws that he may desire.

Formerly the local anesthetic was injected with a hypodermic syringe round the exact spot where the operation was to be performed. But nowadays the injection is made any point upon the main branch of the nerve that supplies the area to be operated upon, and the entire nerve branch is temporarily desensitized, so that pain is absent.

The use of the local anesthetic in nerve-blocking, as this method is called, was almost entirely developed by investigators in America.

Fortunately, we are now able to manufacture in this country all of the synthetic drugs that are necessary, so that we never again will be caught with a local anesthetic famine, as we were at the beginning of the war.

As a Man Thinketh—



THE AUTHOR
 Sketched by the Editor

Part One

AS a rule, when a business man is asked to appear before a body of dentists, he does so with fear, because he is so very often reminded that he, not being a dentist, cannot be expected to see or understand things pertaining to dentistry as a dentist would.

Therefore, in order to dispel any such thoughts in my mind, or any such feelings in your hearts, I am going to talk to you as men, recognizing the fact you are only dentists when practicing your profession in your operating rooms. It is to you as men that I hope to bring home what I have to say.

There is no good business sense or reason in spending time and

energy preparing a paper on a subject if those for whom it is intended are not prepared to grasp its full meaning. Therefore, before we go into the business side of dentistry, I am going to ask you to visit, with me, two dentists' offices, as a means of analyzing the problem which is before us.

Let me assure you that nothing I am about to say is overdrawn. My records are complete and taken from a diary that is written right up to date, based upon facts gathered from thousands of dental offices which I have visited in large and small cities throughout the East and West.

I can tell you within a few hundred dollars the gross amount of annual business done by a dentist. I can tell whether he is a four thousand or a seventy-five hundred dollar a year man by a look at him, his office, his methods and way of keeping books. So come with me on a "mental picture visit" to the average four thousand to seventy-five hundred dollar a year dentist's office and let us see if through your eyes you obtain the same impression that I do or, for that matter, the thinking public.

We approach a dentist's office door whereon is painted in undertaker's black paint, "DR. JOHN HENRY, D.D.S.," or "Dentist." "Walk In"—so we walk in.

The first thing that greets us is that very popular but rank odor so commonly found in the average dentist's office.

So Is He

BY FRED J. STARR, SYRACUSE, N. Y.
*General Manager, Norton-Starr, Inc.,
Dental Dealers*

It is that combination of odors arising from the vulcanizer, blow pipe, wet cotton, medicine, plaster, cuspidor, Bunsen burner, alcohol lamp, wet towel, etc.

We notice no one waiting in this particular reception room. The door from the reception room into the operating room is open and we can see that no one is in the operating chair.

We hear footsteps and in the doorway appears a cross between an office girl and a maid. On her face is an expression which plainly shows she is the butt of this dentist's irritable nature—with not the trace of a smile. You know you can't smile for \$8.00 or \$10.00 a week now-a-days. The expression upon her face is "no agents allowed."

She asks us if we want to see the dentist.

As we are not there to order coal, we inform her we would like to see the doctor.

She disappears only to return to tell us the doctor will see us in a few minutes.

We grasp these few minutes to look around the reception room with its Godforsaken wallpaper and paint, its out-of-date pictures and the smudgy glass and tarnished frames.

We notice one of those college group pictures hanging on the wall, one of those pictures where the dentist upon whom we are calling sits like a sore finger all dressed up in a boiled shirt and swallow tail coat. There he sits

If you can stand a cold analysis of dentistry—read this story.

If you can stand a cold analysis of dentistry read this story by Mr. Fred J. Starr. As you know, science is an orderly arrangement of facts so that correct conclusions may be drawn from them.

Syracuse is strong on science and Starr is strong on Syracuse. Consequently, when you read through this critical examination of our profession from one whose business it is to know the psychology of "us," you will see where we stand, from the friendly viewpoint of one whose interests are closely bound up with our own.

Editor ORAL HYGIENE.

looking like a long-necked gawk in those funny clothes.

We can, of course, realize this picture was taken years ago and holds some very pleasant memories for the dentist. But why rub it in on the patients? It means nothing to them unless it's to bring to them the thought, "Gosh, is *this* the way he used to look?"

We notice the window shades and curtains—dusty and hanging just as they have hung year in and year out. The woodwork is just whatever finish happened to be in the building. The several reception room chairs are pretty well worn, never polished. Often the seats are caving in.

We notice the center table is covered with old dental journals, *Saturday Evening Posts*, magazines and junk—and often a dish or tray is found containing the regulation printed cards of the dentist, inviting us to take them and give the others to our friends. The dates on the magazines prove that this dentist did not believe in sending reading matter to the boys, while they were "over there."

The rug on the floor has seen better days. It is worn and gray and dirty. The mirror on the wall has an old ginger-bread frame around it. On a pedestal there reposes a dried-up fern with a piece of water-stained green crepe paper about it.

In fact the whole room is so very much like a barn and so uninviting that the best thing about it is the door leading out into the hall.

About this time, the dentist himself appears in the doorway,

looking anything but professional in his white barber coat. His expression seems to ask, "Are you book agents, real estate sharks or collectors?" We have time to notice the frayed collar of his bar-tender's white coat, the mouth-mirror sticking out of the vest pocket, the missing coat-sleeve links, his coat unbuttoned showing his vest and watch chain.

His trousers are bagged at the knees, his shoes are unpolished and are run over at the heel. His finger-nails never were manicured and we can smell the last smoke he had. We can't help saying to ourselves "So *this* is the doctor."

In order to relieve him, we tell him who we are and what our mission is. Over his face comes a more pleasant expression. He invites us into his operating room and while I am talking to him, you look around and you will find his operating room to be the regulation "stall" size, eight by ten, or twelve. On the floor you see an old threadbare rug—cotton and dust ground into it. The floor, you note, is either hard wood or imitation, with no polish on it.

Around the edges dust can be seen.

His operating chair is the regulation one with nickel-plating badly fogged and the enamel crying for polish.

You note that the footboards of the chair are worn out and matted with dirt.

The chair arm grips—you note—have varnish off and are dirty. The upholstery is worn at the edges and faded and reeking with rubbed-in dust. The head-rest

pads have a napkin over them—awaiting one more victim.

Hanging from the head-rest lock is a rubber dam holder. The dam is still clasped in it. The bracket has long ago lost all nickel-plating and is dusty.

On the bracket table you find the regulation number of articles, alcohol lamp, waste receiver, cotton pliers, explorers, mouth-mirror, and a few instruments.

patients and his profession, for on it you find second and third rate cements, forty per cent silver alloy, left on a year consignment, gutta-percha stopping, without the gutta percha, that sells for twenty cents, a bunch of broaches in packages without any name on them which, if the truth were told, would be found to be "throw-outs" or discards. This dentist bought them because they

So come with me on a "mental picture visit" to the average four thousand to seventy-five hundred dollar a year dentist's office.

The waste receiver is stained with iodine or blood.

The cuspidor is the regulation type and the saliva ejector is not in working order. The water is dripping into the bowl and into a paper cup. The nickel plating is partly off—looking like lead. Water can be seen on the floor under the cuspidor, which, upon investigation, is found to come from a leaking valve. The tubing is all matted with dirt and is wrapped with tire tape at one end.

The cabinet is one of those large folding bed, open-face sort—showing if anything ever will, what this dentist thinks of his

were one dollar a gross although not worth thirty cents.

You also note in one of the drawers a lot of burs of unknown make with blades that would polish gold inlays and many are the "Made in Germany" kind, or recuts sold at a "new" price.

The open drawers of the cabinet show you open boxes of strips of the same "peddler class" and a big wad of cotton.

Another drawer holds towels.

In another can be found forceps with little or no nickel-plating on them.

In another, you find amalgam scrap, old gold crowns, gutta-percha pellets, disks, tooth picks,

pumice stone dust and, in the bottom of the cabinet, you unearth slippers, shoes, cigar boxes, office coats, towels, inner tubes and on top of the cabinet a clock is found, and a lot of junk and bottles. In front of the chair, on the wall are two signs, "Deposit Required" and "Terms Cash," which is a nice plain way of letting patients know that this dentist is afraid to come out like a man and inform each patient what his policy is.

These signs are a joke anyway because you find that the dentist never lives up to them.

You also find, tacked on the wall, his State narcotic certificate, his State License, his diploma and a lot of bunk post-graduate diplomas.

These are supposed to impress the patients and throw the fear of God into them. Why this wise bird is king of all dentists!

His sterilizer, you notice, is the old formaldehyde kind.

You observe his desk—every pigeon-hole stuffed full, papers all over it. A *Saturday Evening Post* is left open where the dentist has been reading. On top of the desk lay unopened the last three months' dental journals.

It seems this type of dentist knows it all when it comes to dentistry; why read dental journals when Irvin Cobb's last article is so funny?

On the desk is one of those appointment books that are given away each year with a mouth wash or tooth paste and used because they don't cost anything.

Over by the side of the door is a safe on top of which you find a pile of papers, towels, cotton roll

boxes, a case of crowns and the dentist's system of bookkeeping, consisting of one book of the grocery store kind.

The laboratory—the less said about that the better. You find it to be the chief hang-out of the dentist and his peddler friends, smelling to heaven of stale tobacco, soiled towels, coats, old shoes, straw hats. Old automobile tires have found their resting place out there, along with some wonderful "inventions" sold to this dentist by peddlers and silver-tongued salesmen; in fact this laboratory could not be looked upon as a wonderful place wherein to promote the proper inspiration to do good dentistry.

Dr. John Henry, in his talk to me, said he wished to God he had gone into some broker's office or into the automobile game or stuck to selling real estate, "for what a simp he was to grind his soul out for a lot of thankless people, who didn't appreciate good dentistry." He also told me he would rather have his son run a street car than be a dentist who has to stand on one leg all day.

I soon found out, from this dentist, by his conversation, that he was the sort who goes home to lunch, or patronizes the one-arm lunch rooms. His talk proved that you couldn't expect to see him at the club or hotel with other men, for two reasons, first, it might cost him 90 cents or a dollar and he hates to spend that much for lunch, when automobile tires are so high; then, too, 90 cents is too much of a price to pay to be in pleasant surround-

ings and among men, because he only sees the 90 cents or the dollar and not the principle; secondly, the one-arm lunch room, being cheap, is more in line with the way he runs his own business and the way he thinks. And to be seen at the club among men might, he feels, create the impression that there is too much profit in dentistry; then, too, no one would expect this type of

minutes a week and seem to find time to take off either a day or a half day to play golf.

If you can reason it out, well and good; I have never been able to figure why a dentist will throw a thirty-cent quick lunch into his stomach and turn around and pay fifty dollars for an auto tire. No one seems capable of awaking the dental profession to the fact that dentistry is not just

She asks us if we want to see the dentist.

As we are not there to order coal, we inform her we would like to see the doctor.

man, who figures that he saves about \$124.00 a year by patronizing the one-arm lunch, to realize that he is allowing \$124.00 to stand between him and the opportunity of meeting, mixing and associating with real men.

He's the sort who is always too busy to go out at a regular time for lunch; his every act tends to prove his practice is run haphazard.

Now you can't tell me that a dentist has to pull this rush business, for I know better. I know hundreds of dentists who having placed their practices on a business basis have regular schedules and do not vary over sixty

how much you can make in dollars and cents, but a very wonderful and interesting profession, based upon this:

TO DO BETTER DENTISTRY—SEE MORE PATIENTS, WITH LESS EFFORT AND CONFUSION—LESS PAIN TO THE PATIENT—AND, AS A RESULT, BETTER FEES.

Yes, I am talking plainly, but they are facts. Think of it, out of forty odd thousand dentists, there are not more than five hundred that take and read dental journals that apply to their particular specialty, be it inlay, conductive anesthesia or cavity preparation, orthodontia, oral surgery, nitrous

oxide or porcelain work. In other words, 39,500 dentists know it all.

I can't recall a dentist who is really taking active interest in the State Health Bill which is a very vital factor for, or against, dentistry.

Of all the dentists in one county I visited there was but one sufficiently interested in the future welfare of his profession and its relation to the present and future generation, to attend the meeting of the school teachers held in his local court house last month.

And stop to realize that these same school teachers, upon having oral hygiene explained to them, became so enthusiastic that they passed a resolution to ask for \$100,000.00 from the Red Cross for traveling dental ambulances to teach oral hygiene and make inspections in different districts.

Naturally this will bring dentistry before thousands who are now ignorant of the value of dentistry.

I can honestly say that I have had but two dentists speak to me or mention the fact that they had read "The Eleventh Hour" and about the wonderful campaign to enlighten the public throughout the country regarding dentistry—through the medium of newspaper and magazine articles.

There isn't a school in the county mentioned that has a tooth brush drill; why this condition? Is it because dentists do not care?

Is it a case of jealousy? Are they afraid of each other?

Is it a case of allowing a dime to cover a dollar? And that a dollar extraction may be lost if they are out among the school children or the public talking and preaching good dentistry? Or is it just a plain case of dentists not giving a d— what happens outside of their own little rut, size 8x12, which keeps them plugging in fillings for a dollar and putting on crowns for five or ten dollars, whereas if they were doing their duty to themselves, the profession and the public, they would be helping to educate the public and the school children in the value, and vital necessity of good teeth—good dentistry.

Gentlemen, before we can talk about office administration or the business side of dentistry, you must, if you wish dentistry to be successful, awake to this type of dentist, *who is satisfied*, get him out of his rut and sell him real honest dentistry. You must do this before you can accomplish the desired end.

The meaning of success—while found in the dictionary—its attainment and realization—lies right in your *mind* and your honest efforts; you alone are its master—no one else.

Why I have known dentists to be ruined by fire before they awakened to the fact that they must get busy—look around at the successful dentists and their modern office and equipment.

Now get me right, for I know what is passing through some of your minds. So please get this. I am not trying to sell you equipment nor am I trying to get you to throw out what you have; what I ask you to do is: wake up,

look around, get out of your systems that you are some little tin gods who know it all.

Dentists should attend all meetings pertaining to their profession, take an interest in them; get after the professional politicians in your societies; weed them out; they are only sitting on bubbles anyhow; eliminate the

jealousy that exists, inject new blood; do as the business men do, take counsel with older men, but look to the younger men to put the pep into your societies.

Now let us pay a visit to the office of one of those dentists who conduct their practices along successful lines, and show a profit at the end of each year.

Continued in August issue

Your Liberty Bond

The United States Government borrowed money from you to finance the War. You hold the Government's promise to pay you back. This promise is called a Liberty Bond or Victory Note. On this Bond is stated the conditions under which the Government borrowed the money from you.

For instance: If you hold a Bond of the Third Liberty Loan, it states that on April 15th and October 15th of each year until maturity, you will receive interest on the amount you paid for the Bond. Other issues bear other rates of interest and other maturity dates, all of which are clearly stated on the bond.

Now, if you keep your Bond until the date when the Government pays you in full for it, you do not need to worry if, in the meantime, the price is low one day or high the next. You and Uncle Sam are living up to your agreement with each other, and neither will lose by it.

On the other hand, if you sell your Liberty Bond now, you will find that the man you sell it to will not give you a dollar for every dollar you paid for it. The price has been brought down because so many people are offering to sell their Bonds. If the market is flooded with tomatoes, you can buy them cheap, but if everyone is clamoring for tomatoes and there are few to be had, the price goes up. The same is true of Liberty Bonds. Short-sighted people are dumping them on the market, and wise ones are buying them.

The best advice that can be given to the owner of a Liberty Bond is this: Hold the bond you bought during the war; it is as safe and sound as the United States Government itself.

Buy as many more at the present low rate as you can afford. If you hold them to maturity, you are bound to make the difference between what they sell at now and their face value. You will also receive good interest on your investment.

Hold on to your Liberty Bonds and buy more.



American Red Cross Photo.

How They Pull 'Em in Turkey

The Turkish dentist in the picture is shown removing the aching molar of an *imam* or priest. The town is on the island of Prinkipo, near Constantinople.

The American officer in the picture is Major James Mills of New York, who is making a census of the island for the American Red Cross. There are a large number of Russian refugees on the island for whom the Red Cross is caring.

A Modern Assistant

By LUCY M. KELLY, ROLFE, IA.

We are all accustomed to thinking of the dental assistant as being a city person, but from Miss Kelly's article you will see that the problems of the assistant in the country are just as important and just as far-reaching in the success of her employer as are those in the city whom we hear so much more about.—Editor ORAL HYGIENE.

THE efficiency of American women has been emphasized by the World War. One of those whose work has been more appreciated since the War than before is the dental assistant. Most of the articles written upon this subject are generally supposed to be for city men and for city assistants. It seems to me that a few remarks might encourage the young assistant in the country town and bring to her the idea that she is just as important as those in the city.

A modern assistant is something more than a person to answer the telephone, make appointments, and inquire about patients' families. In fact she is far from the assistant de luxe of the department store type.

She is a wide-awake girl who carries to a very considerable extent the office personality. She takes charge of the accounts and does the greater part of the laboratory work and other necessary duties about the office, one of her prime duties being to handle the sterilization of instruments and materials.

Some are of the opinion that it takes a woman of mature years to be an assistant in a rural community. If this is true, just where will she get her earlier

training? I do not believe that this is true nor I do not think it is good policy for a dentist to have his wife in the office as assistant, for there are persons who will not go to a dentist when his wife is in the office all the time, the general opinion being that he cannot afford to keep a general girl or else the lady is there to keep tabs on him. Personally, if I were a dentist I would feel more rested, if, when I went home, I could talk about something other than the office.

As to the farmers of today, they are people who can as a rule afford the up-to-date things and are willing to pay the price. The farmers in the community that I have in mind are people who are enjoying the luxuries of modern homes, limousines, and trips to the city. They like an up-to-date office and they do not kick on fees.

The time of the frivolous assistant is past and a capable young woman has taken her place. The dentist in a farming community who employs a capable and well paid young assistant who wears a customary uniform and does her work in the most approved manner will find that she is responsible for much of the success that may be accomplished.

The Nation's Teeth

"The Dental Surgeon" of London is a weekly review for the dental practitioner. This publication is working for adequate dental laws in the United Kingdom.

The editor, Dr. J. E. Payne, has a real newspaper instinct—almost every number contains something so interesting or so live that ORAL HYGIENE takes the liberty of reproducing it.

This article upon "The Nation's Teeth" is worth a careful reading.
—Editor ORAL HYGIENE.

LYING in a military hospital near London recently was an officer with a fractured femur. Despite the efforts of the medical staff, the broken parts of the bone obstinately, and somewhat unaccountably, refused to knit together and finally a dental surgeon was consulted. An examination of the patient's mouth revealed that, at the roots of his teeth, were a number of abscesses. With some reluctance the officer consented to have the teeth extracted, and, within a fortnight of the removal, the fracture mended, and a speedy recovery followed. At first sight, the connection between bad teeth and a broken leg is not very readily seen and most people would have shared the scepticism shown by the patient when he was told the cause of the trouble. What had happened was that the germs in the decayed teeth had worked into the blood vessels, thus rendering the blood throughout the system septic, and, consequently, incapable of carrying out its natural function of tissue-making. And so the fracture persisted until the source of the poison was removed. Other equally striking instances of the effect of bad teeth on the general health can easily be given. It is

now stated that ex-President Roosevelt's death was due to abscesses in his teeth, while Viscount Grey's threatened blindness was attributed to a poisoned tooth. Some time ago a London lady, whose failing eyesight was causing her much anxiety, consulted a Paris specialist. An examination of her mouth disclosed an affection of the gums, which responded to treatment, with the desired result. Having regard to these facts, the article which appeared in the *News of the World* last week, pointing out how sadly we compare with the United States in the matter of the provision of dental treatment for what may be termed the mass of the people, raises a most important social question. The Americans, regarded as a nation and as individuals, appreciate

THE VALUE OF GOOD TEETH.

The dental clinics are not only numerous and efficient, but, what is even more important, are used by the people for whom they are provided. Our philanthropic millionaires may emulate their American cousins and erect dental hospitals throughout the country, but, until our people are educated up to their use, their money might be better utilized. If, tomorrow,

a dental institution as big as the largest of our West End stores was established in the heart of London, at which for a small fee we could have our teeth cleaned and scraped and generally attended to, it would be visited by few save sufferers from toothache, requiring extractions. In other words, dental treatment in this country is generally regarded as the means by which pain may be alleviated, and not as a very necessary precaution against ill-health. Our school clinics, frequently understaffed and with inadequate resources, devote their energies to extractions and fillings forgetting that prevention is better than cure. Yet what we as a nation require is not so much that treatment should be provided for bad teeth, as the preservation of our teeth in a sound, wholesome condition. When it is considered that even at the present time at least 40 per cent of the mass of the people never clean their teeth, it will be realized that without much propaganda work there can be no solution of a problem that is causing the health authorities grave concern. At present the Ministry of Health is contemplating the introduction of a measure enlarging the scope of the Dentists Act of 1878. That Act completely

FAILED IN ITS OBJECT

for, although it prohibited unregistered men from calling themselves dentists, dental practitioners or dental surgeons, it is still legal for anyone, even though he possess not the slightest qualification, skill, or experience, to perform upon the teeth of his

fellows. It is now proposed to introduce legislation whereby there can be no fresh recruits to the ranks of unqualified dentists. Those who are at present practising will be allowed to continue to do so, but after a certain date the profession, like that of medicine, will become closed to all but those who have, by examination, qualified for admission. Discussing the matter with the *News of the World*, Mr. John Hall, the well-known Hanover Square dentist, who has also an extensive practice in Camberwell, pointed out that in the interest of the public health it is necessary that a comprehensive scheme of dental treatment for every man, woman and child in the country should be devised. The school clinic principle should be extended so that, from infancy, every child's teeth should be regularly examined and attended to, decay arrested at an early stage, and children taught the importance of cleanliness and care in regard to their teeth—a vastly more important subject than botany, for instance. A few minutes toothbrush drill will do an immense amount of good. Then, as the child grows up, and, already impressed by the importance of dental treatment, goes out into the world, he or she should come within provisions of a national scheme, similar in form to the present Medical Insurance Act. The insurance contribution should include both medical and dental treatment; there should be panels of dentists just as there are panels of doctors. Until legislation brings this about, we shall never become an "A1" nation.

That Egyptian Cover Again— Egypt Comes to the Rescue of Egypt



This sketch accompanied Dr. Naha's letter

My dear Editor:

Let me come to the rescue of the poor old Egyptians. The enclosed copy will give your artist, Mr. Harry Gage, the idea of "a fat Egyptian of olden times."

It is not because history tells us that the builders of the Pyramids lived for twenty years on a diet of bread and onions, that we should believe the whole nation was famished.

The picture is copied out of that greatest of all works, "La description de l'Egypte," in 12 vol. in-fol., compiled by the scientists that went with Napoleon's expeditionary force in 1798.

The original is on the side of the throne on which sits the colossal statue of Memnon at Thebes.

The sculpture represents an interlacing of lotus flowers held by two women wreathed with buds



and flowers of the same plant.

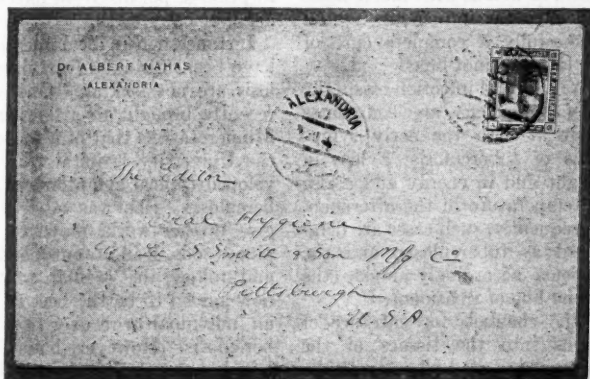
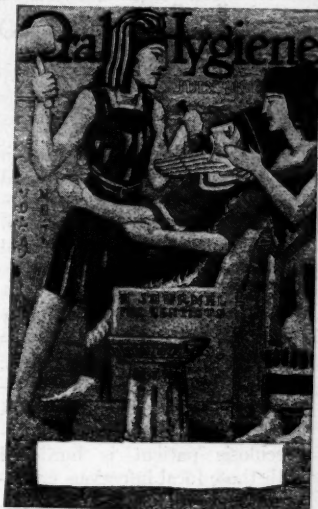
Our full-girdled races of today would look well in the scanty apparel of these old Egyptians.

Sincerely yours,
DR. NAHAS.

Alexandria, Egypt.

In Egypt there lived, on the Nile, a Pharaoh so fat that his smile, as he looked at his harem was so wide as to scare 'em—it surely extended a mile.

—Editor ORAL HYGIENE.



The artist, Harry Lawrence Gage (upper left); the ORAL HYGIENE cover that has created so much discussion (upper right); the envelope that brought Dr. Naha's missive all the way from the banks of the Nile

The Relation of Mouth and Throat Infections to Tuberculosis

Here is a brief, intelligent consideration of an interesting subject reprinted from "The Bulletin of the West Virginia State Department of Public Health."—Editor ORAL HYGIENE.

THE relation of infections in the mouth, teeth, tonsils and throat, to tuberculosis was the subject discussed by Dr. T.B. Hartzell of Minneapolis at the 7th annual session of the Mississippi Valley Conference at Des Moines. His aim was two-fold: 1st to show that focal body-infections resulting from infections of the mouth, teeth, tonsils, and throat are frequently mistaken for tuberculosis, and 2nd, that oftentimes the tuberculosis patient is burdened with these focal infections originating in the mouth, teeth, throat, tonsil, as well as with tuberculosis and until the former are treated successfully a complete cure of the latter cannot be effected.

Where focal infection exists the chief symptoms are sometimes identical with the early symptoms of tuberculosis: a loss in weight and in energy and a rise of temperature in the afternoon. Infrequently, such cases are diagnosed as tuberculosis, and the patient accordingly seeks the wrong line of treatment.

The channels for entrance of germs into the tissues of the tooth are opened when tooth decays. Fifty per cent of teeth showing decay of the dentine after destruction of the enamel coat are infected. The bacteria surrounding the base of the tooth progress to the tissue about the root end and so gain entrance to

the pulp or living substance of the tooth. Often this pulp is removed and the tooth filled, but only in a few of these cases are the bacteria which have entered the pulp and caused its decay completely removed. The small masses of bacteria left in the tooth eventually become larger and send into the body through the blood stream a constant supply of poisons and germs.

Many of the so-called tuberculous glands of the neck in children are nothing more or less than the inflammation due to the absorption of poisons from infected, dead, or baby teeth.

Instances where focal infections have been mistaken for tuberculosis are not lacking. One case recently brought to attention in Minnesota was that of a nurse in the University hospital who developed typical symptoms of tuberculosis. She was advised to give up her work, move to the pine woods, lead an outdoor life, and follow the regular routine now agreed to be the best to aid an individual to recover from tuberculosis. However, before she left, her mouth was given a thorough examination with the result that a number of decayed teeth having pus sacs at the root ends deep in the bony tissue were found. The infected areas were removed in intervals of 5 to 7 days, one area at a time. The re-

moval of the focal infections led to a rapid increase in energy and an increase in weight and finally to complete recovery.

By prophylactic treatment of the mouth the teeth can be kept in normal condition. Teeth in healthy condition rarely show bacterial invasion of the pulp, and therefore cannot cause any of the distressing conditions described.

Whenever there is a case having the symptoms of incipient tuberculosis but giving a negative tuberculin test, focal infection should be sought for and eliminated if present.

However, when the diagnosis of tuberculosis has been confirmed by laboratory tests it often happens that the patient is handi-

capped by a focal infection which is overlooked or disregarded. The focal infection prevents the natural forces of the body from overcoming the tuberculosis infection. A case recently brought to attention was that of a woman patient who had been suffering from tuberculosis for two years. The diagnosis had been thoroughly confirmed, and the patient though receiving the best treatment which it is possible to administer, was becoming worse. An X-ray examination of her teeth revealed eight or nine teeth which had been devitalized (i. e. the original living substance was now dead or removed). Infection was discovered, and the teeth extracted. The result was a distinct improvement in the patient's condition.

Advantages of the Urban Child

That the city child has five times the chance of the rural child to reach maturity is the opinion expressed by Dr. Thomas D. Wood, Columbia University, New York, as expressed before a conference of teachers in New Jersey recently. His opinion is based upon a recent survey of 500,000 children, which proved that country children lead city children in defects of the teeth, defective tonsils, adenoids, malnutrition, and breathing defects.

Ignorance, prejudice, and lack of health supervision were the reasons assigned by Dr. Wood for the poor health in the country.—*Modern Medicine.*

People who insist upon carrying bombs in their pockets are locked up to keep them out of hospitals; those who carry abscesses in their mouths are left to their fate. —*Lines to the Laity.*

Buying Teeth for Czechs

By HENRY J. SMITH

Copyright by the Chicago Daily News Co.

In a republic the individual tends to better himself. Under the ~~monarchy~~ ^{Republican} system all of the good things of life are for those at the top—the rest the worrying and the suffering.

Just as soon as a popular government is formed there is a hurry call to dentistry.

This is a very remarkable fact: dentistry flourishes in a republic and a very little place in a monarchy. With the desire for political freedom comes the desire for freedom from disease and pain. We hope that Czecho-Slovakia may live long and prosper.—Editor ORAL HYGIENE

Anonymous!

The ORAL HYGIENE clipping, reproduced above, has been received from an unknown source. Accompanying it is a note reading: "Just as true with the word *republican*. In either case only partly true and wholly mischievous."

The postmark was Canadian, consequently it would seem that our anonymous correspondent thinks the British form of government is reflected upon. I would say to the objector that Britain is a great republic *in fact*, and a monarchy *in name only*. I desire to repeat that under the monarchy that formerly ruled Czecho-Slovakia there was neither political nor personal freedom.

—Editor ORAL HYGIENE.

Correspondence

AMERICAN DENTAL LIBRARY AND MUSEUM ASSOCIATION

40 E. 41ST ST., NEW YORK, N. Y.

Editor Oral Hygiene:

Amongst your editorials in the May ORAL HYGIENE, find one that is particularly interesting to me, and that is the organization of a historical society. This idea has been before a great many of us for a number of years and in order to stimulate historical research, etc., thought it advisable, first to bring about the formation of a society, which has recently been organized, and intend to hold an annual meeting during the coming National Dental Convention. As most of the men who are interested in historical subjects are at the same time interested in libraries and museums, it was thought advisable to organize a dental library and museum association, to improve the various libraries and incidentally hold sessions, when papers will be read which will prove of interest to library and museum workers. As soon as this is accomplished, the activities will be extended to include historical papers. Am writing this, calling your attention to the fact that such an organization now exists and from the applications received, the future seems to be very bright.

Trust that you will be interested in the above organization and that you will be kind enough to forward to me any inquiries you might have, in regard to the editorial above mentioned, so that they may be informed that such

an organization is already in existence. I remain

Very truly yours,
B. W. WEINBERGER.

Warren City Schools

DEPARTMENT OF HEALTH

ANNA E. MOON, DIRECTOR

106 N. CHESTNUT STREET, WARREN, OHIO

Editor Oral Hygiene:

I am writing to tell you about Major Leonard G. Mitchell's visit to Warren and the splendid results of his instruction.

In February, 1920, I attended the National Education Association in Cleveland and saw the film "Come Clean" shown by Major Mitchell, also heard his lecture. I returned to Warren resolved to use my influence to have the film shown here, and after conferring with Supt. of Schools H. B. Turner, arrangements were made for the week of May 10.

1700 high school and junior high school pupils, 225 supervisors and teachers, the board of education and a number of parents saw the film and heard the lecture. 2,000 pupils in the lower grades heard the lecture without the film. That same week numbers of teachers purchased new tooth brushes, parents and children sought dentists' offices, and one dentist gave over an entire afternoon to examinations of children's teeth. The good work is going on: teachers are granting permission for pupils to visit dentists every day. Expressions were made by boys such as: "Believe me, I am

going to clean my teeth from now on." And one of our high school boys was so impressed that he gave a write-up to one of our daily papers, and added his favorable opinion.

I wish to state that school nurses and teachers have been emphasizing the importance of the care of the teeth, also having tooth brush drills in our schools for the past three years. But it needs some one to give this added information to impress the parents and children and make the lesson real.

I wish parents and children in every town and city could see Major Mitchell's film and hear his lecture. I wish every state could own the film and use it as an educational measure.

In my work as school nurse I find the teeth are the most neglected part of the child's body and daily care. I have inspected mouths of 5,000 school children each year for the past three years and over 75 per cent of them have decayed teeth, diseased gums or filthy, dirty teeth, covered with tartar. Parents and pupils are slowly getting the vision and realizing the necessity and importance of caring for the teeth, but it does seem so slow.

I cannot say too much in hearty approval of the work Major Mitchell is doing and the help he is giving to both parents and children.

Yours truly truly,
ANNA E. MOON, R. N.

Editor Oral Hygiene:

Select Steele facing, grind off incisal edge of facing. With knife-edge stone, finish cutting slot in facing through to incisal edge, to enable facing to slip off of backing gingivally. Place facing on backing and build up incisal edge with inlay wax, set sprue, remove facing gingivally, invest, cast, replace facing, articulate, remove facing gingivally, invest, solder bridge, cement facings to place, set bridge.

Advantages:

24K protective tip; eliminates checking; more perfect adaptation between protective tip and facing; more sanitary (no secretions between facing and protective tip, facing and backing, such as are always found present in pin-tooth bridges); no dark line between protective tip and facing (such as are found in the pin-tooth protective tip methods, caused by imperfect adaptation, solder and secretions); more perfectly built and *contoured* protective tips; minimum loss of gold in the finishing; and inlay effects.

Richmond crowns may be made by this method, by soldering the lingual with facing in situ, with little or no danger of checking.

D. R. PARSONS, D. D. S.
Huntington, W. Va.

An ambassador is an honest man sent to lie abroad for the commonwealth.—Sir H. Wotthton.

Why add to the high cost of living by being unable to chew and assimilate your food?—*Lines to the Laity.*

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*

613 Jenkins Bldg., Pittsburgh, Pa.

ORAL HYGIENE does not publish Society Announcements, Personals or Book Reviews
This policy is made necessary by the limited size and wide circulation of the magazine

Text Books

WHETHER or not we are a "reading profession" seems to be a topic of discussion that is frequently decided in the negative.

Personally, I believe we are a reading profession when we get a chance to read something new, interesting and beneficial without the necessity of wading through page after page of repetition, original matter—frequently much diluted—and plain "bunk," mixed up together.

Simplicity and accuracy seem very often to be ostracized from our professional books.

Many authors apparently think that in order to wear the laurel upon their brows, they must make their subject as difficult and complicated as possible, while those who know them best realize that the subject must be simple or the author would not understand it himself.

I would suggest to those who expect to spend the long hereafter in print, that it is not necessary to bolster up a few excellent chapters with a bulwark of borrowed material—spreading a very modern subject over the lapse of time from the earliest cell life to the development of aviation.

The scarcity of print paper and the short hours that can be devoted to reading should result in smaller volumes full of real information that is original with the author.

Compilations should be very rare.

Those who "burn the midnight oil" do not always burn it to good advantage.

What Are You Doing?

LETTERS are constantly coming to this office requesting information on oral hygiene progress. The only way this journal can compile this information is by getting the stories of those who are doing the work.

Oral hygiene to be successful must have publicity.

Every member of every oral hygiene committee is very urgently requested to write to the editor giving an account of the work done and the results accomplished.

There is an immense amount of valuable information that is being overlooked, and, in many instances, completely lost, because it fails to get into print.

This magazine is very anxious to put your work before the dental public.

Won't you help your own cause and aid the efforts of others by writing of your successes and failures so that other committees may have the benefit of your thought and effort and so that you may profit by theirs?

Now is the time; you will forget a lot of the interesting things you know, if you wait.

The Essayist

THERE is an old moth-eaten custom in vogue in our societies that has about run its course.

It is a sort of relic of the days when a board of censors passed on every paper before it could be delivered in the sacred precincts of a dental meeting.

Somebody objected so strenuously to having his thoughts edited that the board of censors walked the plank.

Now we have a sort of post-mortem censorship in which a previously appointed galaxy of "discussers" are supplied with copies of the paper before the meeting so that they can look up any big words in the dictionary and can get the librarian to spot a few references.

It has even reached the pass in some societies that a list of authorities, with page and paragraph, must be cited so that the discussers will not go astray. .

When the eventful session occurs, the essayist arises before the audience and reads and reads and reads from a typewritten manuscript and when he is through, discussor number one gets up and reads a previously prepared discussion that frequently misses the mark altogether, and, many times, is longer than the original paper.

He is followed by numbers two, three and four, who do the same thing, and, by that time, the audience is not only very tired but the main thoughts of the original paper are totally lost.

Another objection to this method is the fact that if there is anything new, or contrary to general belief, in the paper, it is old stuff by the time it is delivered because there are very few people who do not let their friends in on someone else's ideas.

An unfair part of this system is the fact that the original essayist is not presented with the discussers' counter-essays so that he can have the same chance in rebuttal that they had at the start.

It is like having a debate with the party to the second part "in" on the arguments of the party to the first part.

If a paper is worth presenting before a society it will be sufficiently clear to carry the idea to the hearers.

The discussers should be very close listeners and only those points should be discussed that *go over*; the part that makes no impression is not worth discussing.

Let us turn over a new leaf and make the discussers "sit up and take notice" so that they will not get in bad and, incidentally, put so much pep into our papers that every society member will turn out to hear what is being said.

Events are moving too fast and time is too precious to waste.

If every man who appears before a society does his best,

keeps up on his subject, and says what he really thinks, we will have to put more chairs in the room or else hang out a "standing room only" sign.

So far as I am personally concerned, I shall not hand out any copies of my own papers after August 27, 1920, for two reasons: first, I want to be able to tell from the discussion whether or not I was able to convey a clear meaning, and, second, because I want to have at least three or four people paying close attention.

Besides, I am never right sure what I will say until the time comes.

In the name of originality and pep let's make those who follow keep their eyes glued to the ball.

What's in a Name?

Strange as it may seem, in Poland the child gets its name from its parents. The commander-in-chief of the Polish armies is the son of a physician and a washerwoman as proved by his name—General Pil-sudsky.

"A Wail of Despair"

In June, 1914, Dr. Hunt, the first editor of ORAL HYGIENE, printed this editorial.

I get from one to three letters every day asking for prepared lectures and for detailed information that anyone could easily look up for himself. Save your files of ORAL HYGIENE and you will be prepared for that important lecture you are suddenly called upon to deliver.

The condition of amateur speakers is just the same now except that there are more of them.

The editor gets an average of three or four letters per week stating that the writers are about to give a talk before some gathering on mouth hygiene and that "any assistance you can give will be appreciated."

Many wise men have kept their back numbers of ORAL HYGIENE, and some have even had them bound. Others, in imitation of the foolish virgins, have cast theirs away. The wise ones never lack an abundance of material for hygiene talks. They can turn to their back numbers and find material for a dozen talks.

It is impossible for me to get up lectures that would be suited to your personality. Each man must get up his own lectures. The first article in this issue is a series of lecture outlines by Dr. Albert H. Stevenson, and any one capable of delivering a lecture can take the outline there printed, suitable for his purposes, and get up a lecture. So, if you have not the habit, start now and preserve your copies of ORAL HYGIENE. The day is apt to come when you will wish you had done so.

All I get concerning mouth hygiene I print in the magazine. I am not "holding out" on you. So if you will save your copies and refer to them, you will know as much about what is going on as I do, and that is certainly progressing with a great degree of celerity.

Why?

Just read this:

Washington—The sight of Viscount Grey, former British ambassador to the United States, is reported to have been saved by the skillful diagnosis of Dr. Wilmer, famous Washington oculist. Lord Grey was slowly becoming blind, it is said, when he visited Dr. Wilmer. The physician believed the trouble arose from a decayed tooth. Lord Grey had the tooth removed and his sight is now improving.

and then wonder why the name of the dentist, who really did the business, was not mentioned.

The gall of some of our medical brethren can only be counteracted by plainly stating the facts when dentists get the big results.

The American system is always to attack. Have you gone "over the top" after the deadly bacteria that lurk in your mouth; or are you waiting for the enemy to strike first?—*Lines to the Laity.*

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor of this page, George L. Kinter, 103 Clarendon Ave., Crafton Heights, Pa. He *may* print it—but he won't send it back!

A farmer once called his cow Zephyr
She seemed such an amiable hephyr;
When the farmer drew near
She kicked off his ear
And now the farmer's much deafhyr.

Donald McAllister, a Scottish farmer, was going to town for a day or two, and his daughter, Maggie, had a weary time listening to the hundred-and-one instructions he gave her as to care and economy.

"Mind the coal," "Don't waste any food," "Don't sit up burning light," etc.

Finally he set off, but in a moment he was back with a parting admonition:

"An', Maggie, there's young Angus. See that he doesna wear his spectacles when he's no reading' or writin'! It's needless wear an' tear!"

With the opening of the quail-shooting season back home, Old Podge was among the first to take to the fields with his gun. Entering a small woods, he saw something moving about a thick-et 50 yards ahead. Dropping on one knee and bringing his gun to his shoulder, the old codger took careful aim at the moving object and fired.

A tourist rose from the log in front of the thicket where he had been sitting, with part of his cap shot away and came leaping through the underbrush toward

Old Podge with murderous wrath in his eyes.

"What do you mean by shooting at me?" he bellowed.

Old Podge faced the fuming stranger unmoved.

"I thought you were a bear," he confessed.

"A bear!" raged the tourist. "Why, you wall-eyed, sap-headed idiot—did you ever see a bear smoke a pipe?"

Crossing his feet and leaning easily on his gun, Old Podge considered the question. Then he nodded.

"Yes, I did," he gravely replied, "once in a circus."

"Anyhow," said the optimist, "we have made the Fourth of July safe and sane."

"Yes," replied the pessimist; "but there are 364 other days in the year still to be looked after."

Fish Dealer—How about a nice shad at forty-seven and a half?

Mrs. Cashancarry—Have they roes?

Fish Dealer—All fish have riz.